St. Mary's
HEALTH SYSTEM

A Member of Covenant Health

Medical Staff Orientation Manual

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Congratulations, you have been selected as our teammate, based on your skills and professionalism, to work with one of the industry's leaders in healthcare.

About St. Mary's Health System

There are certain expectations and guidelines that need to be followed while working at St. Mary's Health System. This handbook will provide you with detailed information to help you succeed.

With a calling from God and the vision of St. Margeurite D'Youville, the Sisters of Charity of St. Hyacinthe extended their ministry of care to St. Mary's Health System, Lewiston, Maine in 1888. To all those in need, we provide compassionate, high quality holistic healthcare. We pledge to continue our Mission as the leader of compassionate service, remaining a pillar of healing, while responding to the ever-changing needs of our communities.

Founded in 1888 by the Sisters of Charity of St. Hyacinthe purchased a house on Sabattus Street along with 36 acres of land all owned by Mrs. Sara Golder. The Golder house became a 30-bed hospital with an addition that lodged the sisters and 40 orphans. This hospital, the first in Lewiston/Auburn and the first Catholic hospital in Maine became known as the Sister's Hospital, the French Hospital, or the Catholic Hospital.

The need for a larger hospital became clear and in 1902 a separate hospital was built to hold 150 beds and 25 bassinets. A radiology department was added in 1903. In 1908 the name officially became St. Mary's General Hospital, and the St. Mary's School of Nursing was established. By 1925, a house on the corner of Golder and Sabattus Streets was remodeled and became the Nurses' Residence.

Realizing that there was a need to care for the poor, sick and infirm elderly, the sisters built the Marcotte Nursing Home in 1928 with a donation of $120,000 from F.X. Marcotte. One wing of this building was devoted to the care of the elderly with 200 beds; the southern wing called St. Joseph's Orphanage was home to 250 girls.

By 1939, St. Mary's Hospital had 150 patients and 43 Grey Nuns; Marcotte Home had 200 elders, 35 sisters and 1 BO girls; the School of Nursing housed 60 students.

In 1960, a major two-wing expansion to the hospital included two surgical units and increased the bed capacity to 233. In 1969 a Mental Health Unit was added, and in 1975 an Intensive Coronary Care Unit was opened along with a new Radiology Department.

Growth continued in the 1980s: a Chemical Dependency Unit in 1981; CT scanning in 1982 and laser surgery in 1983. In 1984 a new nursing home named d'Youville Pavilion was built with 280 beds. The former Marcotte Home was converted to 125 units of independent living space.

In1986 an Adolescent Chemical Dependency Unit was opened and the following year the School of Nursing closed. In 1989 Community Clinical Services, a primary care physician network, was initiated.

The growth in the 1990s shows the commitment of Sisters of Charity Health System to offer the best in acute, behavioral, and elder services to Central Maine. In 1991, St. Mary's General Hospital became St. Mary's Regional Medical Center and an adolescent psychiatry unit was established.   In 1992, Genesis, a home for adolescent boys with behavioral problems, opened, and, a year later, Raphael House for people with AIDS was established.   In 1994, the Parish Nurse Program brought health care education, advocacy and support to our parish communities.

The Sleep Lab, the Chest Pain Center, Open Airways and the Brain Attack Team were introduced in 1995.   In 1996 a child psychiatric unit was added, along with the Neuroscience Center, the Breathing Center and the Transitional Care Unit at d'Youville. Community Clinical Services grew to include 27 physicians.

This long and wonderful history is a tribute to the many women and men who, over the years, have worked to keep alive the spirit of St. Marguerite d'Youville. It is also a challenge to those who continue the spirit of our Foundress today.

We are a member of Covenant Health, a faith-based, Catholic regional health delivery network and a leader in values-based, not-for-profit health and elder care. Covenant consists of hospitals, skilled nursing and rehabilitation centers, assisted living residences, and community-based health and elder care organizations throughout New England.

St. Mary's Senior Leadership

- Steven Jorgenson, Senior Vice President, Covenant Health/President, St. Mary's Health System
- Douglas Smith, MD, Chief Medical Officer
- Patricia Scherle, Chief Nurse & Vice President, Patient Care Services
- Philip Hickey, President, d'Youville Pavilion
- Donald Bevers, Chief Financial Officer
- Heather Skolfield, Vice President Operations/IMG
- Elizabeth Keene, Vice President, Mission Integration

Department Chairs

- Michael E. Kelley, MD   Behavioral Services
- Maureen Perdue, DO   Women & Children's Services
- Douglas Smith, MD   Family, Internal & Subspecialty Medicine
- Rachel Kerbner, MD   ElderCare Services
- Matthew Recker, MD   Diagnostic Services
- Carl Ramsay, MD   Emergency Services
- Jeffrey Davila, MD   Surgical Services

Medical Staff Office

The Medical Staff Office is located on St. Mary's Campus, 1st floor/Administration Suite and is staffed Monday through Friday from 8:00 a.m. to 4:30 p.m. The office phone number is 207-777-8591; fax is 207-777-8803.

Our Mission and Values

"We are a Catholic Health Ministry, providing healing and care for the whole person, in service to all in our communities."

St. Mary's Health System believes in its Mission and continues to manifest our values in our daily operations. We work as "one team with one Mission and goal: care for the sick and keep our community healthy." There is a culture of respect and support in all our departments which helps our employees to flourish and be at their best always.

Compassion

We show respect, caring and sensitivity towards all, honoring the dignity of each person, especially the poor, vulnerable and suffering

Integrity

We promote justice and ethical behavior, and responsibly steward our human, financial and environmental resources

Collaboration

We work in partnership, dialogue and shared purpose to create healthy communities

Excellence

We deliver all services with the highest level of quality while seeking creative innovation.

Our Vision

We strive to be a regional pacesetter delivering highly advanced, faith-based healthcare and will develop a sustainable community health system which:

- Improves the experience of care
- Improves the health of our community
- And reduces the per-person cost of healthcare

This system will provide major, relevant contributions to the re-shaping of regional healthcare for acute, outpatient and long-term care for Covenant's community members.

Ethics

Ethical issues may arise from conflicts or concerns that patients, family or staff experience during treatment of a patient. If efforts to resolve an ethical problem by the physician, patient, family member or professional staff come to an impasse, consultations are encouraged.

Recognizing that "ethics" is the responsibility of every employee at St. Mary's Health System, the hospital Ethics Committee and the department of Mission Integration are pleased to offer several resources.

How is a Consult Requested?
Please contact the System Ethicist, Susan Belanger at 755-3002. On nights, weekends or holidays, initial contact is made through the House Supervisor who can be reached through the switchboard at "0.". Staff members will help facilitate access when requested.

Ethical and Religious Directives (ERDs)

In our commitment to those we serve, we promote behaviors consistent with our Mission and core values. As a Catholic ministry, we comply with the Ethical and Religious Directives for Catholic Health Care Services, developed and approved by the Committee on Doctrine of the United States Conference of Catholic Bishops (USCCB). Physicians are expected to understand and comply with the directives.

Any questions about the ERDs should be referred to members of the leadership team such as your Supervisor, Manager or Director or Covenant Health Organizational Integrity Officer at *1-978-654-6363 or Hotline: 1-877-631-0013*

The ERDs are available online at http://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf

Standards of Conduct

Quality of Care
Provide high quality care, make every effort to render care and provide services that are both appropriate and tailored to the unique needs of each person.

Compliance with Laws and Regulations
Conduct business in accordance with applicable laws, regulations and professional standards.
Billing and Coding.
Properly coding and billing the services provided in accordance with applicable rules and regulations.

Conflicts of Interest
Precautions to avoid conflicts of interest, or the appearance of conflicts of interest during duty performance within the organization.

Human Resources
Share a responsibility for treating our fellow employees fairly and free from harassment or abuse.

Environment of Care
Safe and effective environment of care is everyone's responsibility.

Safeguarding Resources and Assets
Preserve and protect our organization's assets and others' assets entrusted to us against loss, theft or misuse.

Culture of Excellence

The Patient –Staff Experience - "Caring for others as we would want to be cared for"

St. Mary's Health System practices customer service through the framework of principles based on the expressed needs of our patients and what they most desire to receive from their caregivers. These principles guide our service behavior and interactions with patients, guests and each other.

Simple: Always address patients, families and staff by smiling and then stating, **"Who** you are, **What** you are doing, and **Why** you care".

Doable: Always engage patients, families and staff by asking them, "What is the most important thing I can do for you today/now?"

Meaningful: Always end conversations with patients, families and staff by stating: **"It is my pleasure."** Caring for others is a privilege beyond our tasks, jobs and responsibilities.

Sustainable: Always give your full attention "one patient at a time, every time." This is the key to consistency and quality in extending care.

Transferable: Always come prepared to live "St. Joseph's Mission" every day and invite others to do the same. The more you live in the light of these principles, the more you experience the positive blessings of a Mission-based experience.

Appearance Standards

As a St. Mary's Health System staff member (even if only temporary) you are an important part of the Hospital's public image. Your department dress code identifies you as staff, and your courteousness and efficiency contribute greatly to the quality of care provided to our patients and visitors. Ask your supervisor for the department's dress code guidelines specific to the area in which you work.

Diversity and Inclusion

St. Mary's Health System encourages diversity in its workforce. We respect cultural differences without regard to color, race, religion, sexual orientation, age, education, nationality, disability, gender and levels of skills. Each staff member is to make the most of his/her talents and provide the highest level of service to our customers.

Diversity and Inclusion is not a program; it is a way of life that is embedded in our Mission and our culture. A diverse workforce helps better serve our increasingly diverse customer base.

Equal Employment Opportunity

St. Mary's Health System provides equal employment opportunities to applicants and existing employees without regard to race, color, gender (except where gender is a bona fide occupational qualification), age, marital status, national origin, and disability or veteran status. To that end, we exercise fairness in advertising, recruitment, applicant selection, training, compensation, promotions, demotions, transfers, layoffs and terminations. It is the responsibility of every staff member at St. Mary's Health System to conform to and support this policy.

Confidential Information and HIPPA

HIPPA is the Health Insurance Portability and Accountability Act (Federal Law) that was developed in order to implement a national, uniform system of keeping patients records secure and private, as well as implementing a faster way to process health care claims. In addition, State and federal law provides for special legal protection of mental health records, HIV status, substance abuse treatment records, and patient safety information about individual patients and providers. Below is a brief description of important aspects of these laws that you should be aware of, even if you do not deal directly with these issues.

- PATIENT INFORMATION – Only access, use or disclose, on a legitimate "need to know" basis, patient information for activities related to treatment, payment, and health care operations on behalf of the company. ALWAYS maintain the privacy of our patients' information.

- MINIMUM INFORMATION – Only access, use or disclose the minimum information necessary to perform our designated role regardless of the extent of access provided.

- NOTICE OF PRIVACY PRACTICE – Staff will provide patients with a Notice of Privacy Practices, which will inform patients of their rights with respect to protected health information as well as St. Mary's Health System legal duties.

RELEASE OF INFORMATION – Do not release information for purposes other than treatment, payment, and health care operations without written authorization from the patient, except as required by applicable federal, state, or local laws and regulations.
When patients come to St. Mary's Health System they expect and trust their privacy and confidentiality will be protected. Patients have the right to come to the hospital without fear that information about them or their illness will be passed on to others. **Any breach of confidentiality, no matter how minor it may seem, is grounds for immediate dismissal for employees and non-St. Mary's Health System Staff.**

REMEMBER:

NEVER use anyone else's computer password

NEVER give anyone else your computer password

ALWAYS be careful when faxing patient information – Use a cover sheet, and

check the number before you press send

NEVER access patient data that is not needed to fulfill your job duties, including information on YOU, your family members, friends, or co-workers

ALL information is kept confidential

NEVER discuss a patient's problem with anyone other than health care providers and hospital employees treating the patient, the patient, or if the patient cannot make health care decisions on his or her own, with the patient's legally authorized decision maker

NEVER share information from quality assurance and risk management review or Patient Safety Committee or Quality Council with non-hospital personnel. This confidential information should ONLY be shared with authorized hospital personnel.

NEVER offer advice or opinion regarding staff, patients, families or other co-workers; be a sympathetic listener.

NEVER volunteer information about staff

NEVER place documents that show patient's name in plain view; turn upside down.

Informed Consent
The organization shall obtain **informed written consent** from each patient or authorized representative for the provision of medical and/or surgical care except in medical emergencies. This consent shall include an explanation of **risk, benefits and alternatives** for high-risk procedures, sedation, and participation in research projects.

Forms Needed to Document Informed Consent:
Admission to the Hospital: Admission consent is a general consent to perform routine procedures and treatment. However, the patient still has the right to refuse tests and treatments during hospitalization. Patients should be offered explanations of planned treatments, testing and general care, surgical, invasive and other special procedures.

Responsibility
The **admitting physician** is responsible for advising patients as to the medical need for hospital admission. The **Admitting Department** or clinical staff in the hospital has responsibility for **securing** the patient's written consent on behalf of the hospital at the time of admission. When a **surgical/ invasive procedure** is being performed, the **practitioner performing the procedure** has the responsibility for obtaining informed consent.

Event Reporting

Anything that has occurred outside the normal, routine activity of the hospital that may or may not have caused injury is reportable. This includes a *"Near Miss."*
Examples:
- Patient fall   - Wrong test
- Medication error   - Wrong patient

If you observe or experience anything that you feel is reportable, bring it to the attention of the unit or house supervisor in the area that you are working. The unit leadership can help you complete an electronic event report or connect you with Risk Management.

Patient Relations (Complaints & Compliments)

Any written documentation received regarding patient complaints should be forwarded to the Patient Advocate (refer to Policy Grievance Procedure, OIE-01).

DNV Patient Complaint Message

If you have a concern regarding the quality of care provided to you or someone else, please consider contacting the healthcare organization first and ask to speak with their "patient advocate." It is the responsibility of a "patient advocate" to address grievances against their organizations.

If you are not able to resolve or diffuse the issue with the organization's patient advocate and want to take further action, please call 866-496-9647, or complete the Patient Complaint Report below.

https://www.dnvglhealthcare.com/patient-complaint-report

Alternatively, you may also fax the information to DNV at 513-947-1250.

Safety and Environment of Care

In hospital emergencies call 1911, all other sites call 911
Disaster Emergency Codes
- Code **Red** Fire
- Code **Pink** Infant / Child Abduction
    - Notify Security if possible
      Watch for individuals who fit the description of the abductor
      Watch for individuals carrying a large purse, bulky package, box, or knapsack
      Watch for a person carrying an infant
- Code **Black** Network Failure
- Code **Blue** Adult Medical Emergency
- Code **Blue** Pediatric
- Code **Gray** Combative Person situation, need support
- Code **Silver**-Active Shooter/Hostage Situation
- Code **Triage** Potential Internal or External Event

- Code **Yellow** Bomb Threat
- Code **Orange** – Hazardous Material Spill or Release
- Code **Green** – Patient Elopement
- Code **Steel** – Lock/Control Entrance & Exit
- Mass **Casualty**- Prepare to receive patients due to mass casualty in the community

Code **Red** Fire
When a fire alarm is activated, you will hear the words "CODE **RED**" and the location of the fire announced over the public address system. If the emergency is not in your area, check to see that the smoke barrier fire doors to your area have been securely closed, and resume business as usual while carefully listening for further announcements or instructions relative to the fire emergency**. Do not exit through any smoke or fire door until the emergency has been cleared. It is important to know the location of fire extinguishers, pull boxes, and fire exits in your area, beginning with your first day of training**. If you have any questions, ask your staff contact.

Critical Actions When You Discover a Fire (CODE RED)
When a fire is discovered, there are some important steps that should be taken to protect human life and minimize damage to the facility. These crucial actions may be remembered by the acronym RACE.

R – **Rescue all persons in immediate danger**

A – **Alert - Activate** the fire alarm,

C – **Contain the fire by closing all doors and windows.**

E – **Extinguish the fire if safe to do so. Evacuate if in immediate danger.**
If the fire is small, you can attempt to extinguish it by smothering it with a blanket, pillow, or use a fire extinguisher.

Fire Extinguishers
Fire extinguishers are located throughout all St. Mary's Health System campuses. They are to be used by anyone if the need arises on small types of fires. The **ABC** extinguisher is used on all types of fires. When using a fire extinguisher, remember the word **PASS**.

P – **Pull** the pin,

A – **Aim** the extinguisher at the base of the fire

S – **Squeeze** the handle,

S – **Sweep** spray from side to side, while aiming the extinguisher at the base of the fire.

Reporting an Unsafe Condition
- Unsafe conditions are to be reported to a Manager or Supervisor
- If dangerous to life and health– notify the St. Mary's Health System Security Department
-No Heroic Measures: Especially During an Armed Robbery

Security at St. Mary's Health System
- Security is available at all hospitals 24/7
- Late-night workers may receive onsite escorts We provide escorts any time of day or night so

long as Security is available.
- Non-hospital locations dial 911 in an emergency
- From inside the hospitals, dial 1911 for Security emergencies

Personal Responsibility
Employees are responsible for:
- Protecting their personal possessions and valuables
- Guarding their Employee ID's and computer passwords
- Protecting Hospital property from unauthorized removal
- Requesting security escort on weekends and after hours
- Notify Security of any unsafe conditions
- Write down as many details as possible (*Location, description of person, weapons)*

Hazardous Communication

You have a right to know what risks are presented by chemicals/physical hazards in your workplace. St Joseph Hospital has an established **Hazard Communication Program to** ensure that information about the dangers of all hazardous chemicals used by St Joseph Healthcare system is known by all affected employees.
Each work area has a designated responsible party to:
Maintain a **list of the hazardous chemicals** used or stored in the work area.
Verify all original chemical containers received for use or storage has the manufacturer's label containing the appropriate information attached.
Obtain Safety Data Sheets (SDSs) for the chemicals used or stored in the work area following first-time purchase and ensure access to all employees.
For any other questions call Facilities Management at 777-8347

Important Information Regarding SDSs:
Copies of SDSs will be kept either as a hard copy located in the ED or in the work areas where the chemicals are stored or used or maintained online.

In the case of a hazardous (non-radioactive) spill:
Call the Operator 1911 contain the spill; evacuate all persons as appropriate; follow rest
Evacuate patients and personnel as appropriate
Stay away from the area and locate the SDS sheet for that chemical as reference for the code ORANGE team.
Please call Facilities Management at 777-8347 with any questions.

Hazardous Materials-SHARPS and Waste Management

St Joseph Hospital has established, supports, and maintains a program to handle hospital hazardous materials and waste in a safe and efficient manner and in compliance with established regulatory guidelines. It is every department's and employee's responsibility to separate general solid waste, regulated medical waste, pathological waste, sharps, hazardous waste, radioactive waste, and recyclable in the proper manner. See Policy Hazardous Materials and Waste Management.

Patient Rooms:

After injection, DO NOT recap, break, bend or try to destroy needle.

Immediately dispose of used needles, syringes and blades in the disposal unit located in the room.

DO NOT insert fingers into container opening or place other hand anywhere near opening when disposing of needle and syringe.

An outside vendor replaces all the sharps container twice a week, but if you have a filled sharps container, contact the Environmental Service department so they can change it out.

Specialty Areas

Disposal units in specialty areas shall be the responsibility of that department's staff.

When disposal unit is full, Environmental Services shall secure the container and place it in a Steritub in the soiled utility room or other designated area.

Handling

Environmental Services staff **777-8347** shall transport Sharps containers containing the used needles, syringes and blades from area of generation to the storage area.

Exposure Control

Staff are to report potential blood borne product exposures to the Nurse Supervisor. Blood draws will take place in the ED or at WorkWell when appropriate. Complete a MIDAS entry and Employee Injury/Illness Report
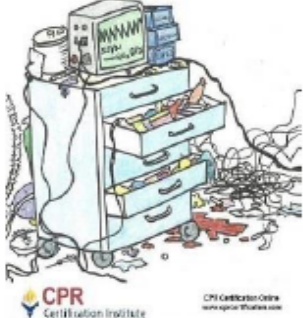
Steps to Take if You Are Exposed:

1. Wash the affective area as soon as possible with soap and water.
2. Report the injury to your Supervisor.
3. Complete a Risk Occurrence Report.
4. Report to the Nurse Supervisor as soon as possible for an exposure evaluation.

Refrigerator Safety

Refrigerator Checklist

✓ Patient nutrition refrigerators contain **ONLY** patient nutrition items

✓ All patient food is **LABELED** and **DATED** inside the refrigerator

✓ Specimen refrigerators contain **ONLY** specimens

✓ Patient nutrition and specimen refrigerators have an up to date **TEMPERATURE LOG** with **documentation** of appropriate **action** for any out-of-range temperatures

Temp. Logger

Code Cart Safety

Crash Cart and Defib Checklist

✓ Code carts are locked
✓ Daily/monthly checklists are up to date
✓ Emergency Equipment is locked
✓ Suction / O2 equipment is in working order
✓ No open suction tubing, cannulas
✓ Medications are NOT expired

CPR
Certification Institute

Medical and Utility Equipment

To minimize electrical hazards, we have a **Preventive Maintenance Program** for electrical and electronic patient related equipment.

All non-patient related equipment that is likely to come into contact with patients will receive a one-time safety inspection.

Equipment repair other than scheduled preventive maintenance shall be requested from Facilities Management at 777-8347**.**

If an item is **DEFECTIVE**, it shall be clearly identified by putting on an orange "**Caution – Out of Order**" tag on it.

Electrical Safety

General

The following general electrical safety guidelines should be followed by all employees/students working at health care facilities:

- Complete training before using electrical equipment.
- Do not plug two pieces of medical equipment into a single outlet.
- Do not use extension cords. (Personal computers may be plugged into a multiple outlet strip.)
- Do not use frayed or broken cords. Do not use equipment that sparks or smokes. Do not use home appliances in the health care facility.
- Report equipment problems before accidents occur.
- Know when and how lockout/tagout procedures are used in your facility.

OSHA Tagout/Lockout

To prevent electrocution when electrical equipment is under repair, OSHA requires health care facilities to use a lockout/tagout procedure. An electrician "locks out" the equipment by disconnecting it from the power source and placing a locking device on it that prevents it from being turned on. The electrician "tags out" the device by attaching a tag stating that the equipment should not be used because it is under repair. The electrician must sign this tag.
**Please call 777-8347 For any electrical or maintenance issues you may encounter **

Summary

By following lockout/tagout procedures and other rules governing the use of electrical equipment, and by reporting any potential electrical hazards that you observe, you are contributing to the safety of clients, visitors, employees and students of St. Mary's Health System and fulfilling a crucial job responsibility.
**Please call 777-8347 For any electrical or maintenance issues you may encounter **

Proper Body Mechanics

Using proper body mechanics can significantly reduce your risk of injury. Maintain the normal curves of the back, plan your movements ahead of time, do not remain in one position for an extended period of time, Maintain a wide, stable base while you are standing, Turn, by using your feet, rather than twisting.
Keep your stomach muscles firm while lifting and participating in daily activities. Keep items close to body when lifting or carrying,

Lift with your legs, NOT with your back (bend your knees when lifting), If possible, always push instead of pull.
REMEMBER to use lifting equipment if trained…and ask for help if you need it.

Emergency Preparedness

Emergency Management Planning

When a situation requires major shifts in operation, personnel, or outside assistance to provide even limited services, the emergency event for that health care facility requires activation of the Emergency Operations Plan (EOP).

The objectives of all emergency management planning and actions include keeping an emergency from expanding to a disaster, getting back to the pre-event state of operation quickly, and maintaining safety for all patients, visitors and staff during emergency conditions.

A health care facility's EOP must describe how the facility will provide backup electricity or natural gas during a power outage to maintain essential services when the pre-event power system is interrupted.
The services that must be maintained during an emergency include:
   Blood bank and tissue storage
   Emergency care and operating rooms
   Medical air and vacuum systems
   Life-support equipment

In developing emergency plans, emergency management officials classify disasters by four main causes, or hazard groups:
  Natural disasters
  Technological disasters
  Human Hazards
  Hazardous Materials

The six critical areas of emergency management are:
  Communication
  Resources and assets
  Safety and security
  Staff responsibilities
  Utilities Management
  Client clinical and support activities

Preparing for emergencies requires careful planning and practice. This facility has a plan in place that defines the roles of departments in case of a wide variety of emergencies. The safety of everyone in our facility – clients, staff, students and visitors – may depend on it.

Infection Prevention

At St. Mary's Health System, safety is very important. You must understand and follow several procedures to reduce health risks to both you and others. Some measures used in Infection Prevention that helps to prevent the spread of contagious diseases are:

1. Washing your hands,
2. Using personal protective equipment,
3. Up to date Immunizations (Flu, MMR, Pneumonia)
4. Following standard precautions and transmission-based precautions, and
5. Disposing of trash safely

Hand Washing

One of the simplest, but most effective ways to prevent infection is to wash your hands
Microorganisms are everywhere; the skin is covered with them
Hands should be washed with soap and water for at least 15 seconds:

- After coughing, sneezing, or blowing the nose
- After using the bathroom
- Before and after patient contact
- Before putting on gloves
- After removing gloves
- After contact with items or equipment in a patient's *vicinity*
- When moving from a contaminated body site to a *clean site*

The fifteen second, seven steps when washing your hands for best protection in infection Prevention are:

1. Wet your hands,
2. Apply soap,
3. With friction, wash front and back of

4. Rinse thoroughly,
5. Dry with paper towel,
6. Use towel to turn off faucet & open door,

hands and between fingers,   7. Dispose of towel in receptacle.

Dress Code
1. A clean uniform should be worn when coming on duty
2. Shoes should be clean and in good condition

Finger Nails and Artificial Nails

Non-St. Mary's Health System Staff that provide direct patient care are required to adhere to the
    following:
1. No artificial nails or nail extenders;
2. Natural nail length that does not extend beyond the fingertip;
3. Polish will be allowed, providing it is un-chipped and clear, or flesh tone.

Personal Protective Equipment (PPE)
1. Gloves, gowns, and facemasks of shields are used to protect you from blood and other body fluids
2. The choice of PPE depends upon the type of precaution being used and the particular situation at hand.
3. Please contact department leadership if necessary PPE is not readily available**.**

Standard precautions include:

Washing your hands before and after patient/resident contact**.**

Using gloves for contact with blood, body fluids, mucous membranes, broken
skin, or skin that may have an infection.

Using gowns if you are likely to come in contact with body fluids, or if other infectious material
is likely to touch you.

Using protective eyewear if body fluid is likely to splash on you.

Wearing gloves when handling any soiled patient care equipment or soiled linen so that you
do not spread infection.

Cleaning and disinfecting surfaces that are likely to be contaminated, such as patient care
equipment that will be reused.

Properly disposing of items that will not be used again.

Note: If a patient has a sign on the door that says, *"STOP, Check at Nurse's Station prior to
entering the room,"* staff should NOT enter that patient's room until you are trained. This sign
will have sections for airborne, droplet and contact precautions on it. Any tasks should be
turned over to the nurse caring for this patient.

Your safety is important to us.

The St. Mary's Health System Infection Prevention and Control Manual is designed to protect
one of our best assets - you! Please follow these policies and use all the safety devices that St.
Mary's Health System makes available to you.

Infection Prevention (control) policies, the Exposure Control plan, the Tuberculosis plan, and the
OSHA Bloodborne Pathogen Standard can all be accessed on the St. Mary's Health System
Intranet. Under "Policy Stat" type then click on "**Infection Prevention and Control Manual**" to

explore the infection control links and several other policies dependent of specific areas of care.

If you wish to speak with the Infection Preventionist, please ask your supervisor for the name and number of the IP or call the **Infection Prevention (Control) Department at 777-8515.** After business hours, you may reach Infection Preventionist, if necessary, after speaking with the House Supervisor.

You will be screened for tuberculosis (TB). Staff with a negative PPD skin test will be given clearance.

**A positive PPD skin test will require further testing. **
Note: If the TB test protocol is not followed and is not read on time, the Temporary Staff will be responsible for the charge.
Proof of complete Hepatitis vaccine series (three shots) or proof that the series has started, is required prior to start of employment.

Reporting
• Report all blood or body fluid exposures to the Nurse Supervisor. Refer to Policy **Bloodborne Pathogen/Post Exposure Policy for Exposure to HIV, Hepatitis B, and Hepatitis C.**
In the occurrence of a needle-stick or other exposure to blood or body fluids, please take these steps:
1. First Aid:
   Needle-stick and cuts should be washed with soap and water. Splashes to the nose, mouth, or skin should be flushed with water. Remove contact lenses first.
   Eyes should be irrigated with large amounts of clean water or saline.

2. Report the incident to the staff contact or supervisor in your area of service.
   Immediately, notify a House Administrator/Supervisor

INFLUENZA STRATEGIES *Ref: Policy HR-49*

1. Seasonal vaccinations are offered to all St Mary's staff, physicians and volunteers annually through the Employee Health department.
2. All St Mary's employees, credentialed practitioners and residents must comply with annual vaccination or declination.

ANTIMICROBIAL STEWARDSHIP
Antimicrobial Stewardship
St Mary's has an antimicrobial stewardship program, which coordinates interventions designed to improve and measure the appropriate use of antimicrobials. The program is overseen by the Antibiotic Stewardship Committee, a multidisciplinary group representing: Physicians, Pharmacy, Nursing, Infection Prevention, Patient Safety and Clinical Microbiology.

The Goals of Antimicrobial Stewardship are:

• Achieve optimal clinical outcomes related to antimicrobial use,
• Decrease development of resistant organisms,
• Decrease antibiotic treatment related illnesses (e.g., C-diff),

- Decrease the risk of adverse effects,
- Educate patients, nurses, physicians and all relevant health care staff on best practices for antibiotic use.

Pharmacists are available to consult with providers (insert Pharmacy phone extension).

Pain Assessment and Management (DNV Accreditation Requirement)

St Mary's recognizes that patients have a right to effective pain management and has guidelines and protocols to properly assess and effectively manage pain which ensure that:

- Pain is assessed initially and periodically.
- Pain is addressed in accordance with the care, treatment and services provided.
- Pain assessment and management education is provided to all relevant providers.
- Information is available for patient and families regarding the process of pain management as well as possible limitations and side effects of treatment.
- We are sensitive to personal, cultural, spiritual and ethnic concerns in communicating with the patient regarding pain management.

Link to Pain Assessment/Reassessment policy

https://covenanthealth.policystat.com/policy/6059183/latest/

Quality and Performance Improvement

DNV (Det Norske Veritas)

St. Mary's Health System is accredited by Det Norske Veritas, an independent organization with a Mission to improve the safety and quality of care provided to the public by healthcare organizations. Healthcare organizations must be evaluated by a Medicare-approved accrediting body to receive payment for services to Medicare patients.

St. Mary's Health System uses the Internal Audit and Tracer Methodology throughout the organization to continuously evaluate staff adherence to the principles of safe patient care. DNV Accreditation certifies an organization's adherence to basic measure of quality and safety. DNV's accreditation process requires occurrence compliance with ISO 9001 quality management standards.

ISO 9001 – What is ISO 9001?

ISO 9001 is an international standard by which organizations manage the quality, business and compliance of the organization. ISO 9001 was developed through the International Organization for Standardization. ISO 9001 is not specific to healthcare but is highly relevant in its requirements to control documents, set quality objectives and take corrective/preventive action.
The ISO 9001 standard provides specific requirements for a Quality Management system that enhances the ability to consistently deliver care that meets patient needs, as well as regulatory requirements. Improving and enhancing patient safety is the best way to provide patient centered care.

Document Control is a core process of an ISO 9001. Internal and external documents are reviewed and approved prior to implementation. Documents that require medical staff approval are approved by the Medical Executive Committee. Current versions of policies and clinical protocols are accessible on PolicyStat.

https://covhealth.sharepoint.com/sites/resources/Lists/PolicyStat%20Links/AllItems.aspx

Quality Policy Explained

St. Mary's Health System has a Quality Policy that explains:

What IS Quality?

Safe: patients are not harmed during their care

Timely: patients are not made to wait

Effective: patients' underlying conditions are treated with the best evidence-based medicine

Efficient: patients are treated using the appropriate resources

Patient-Centered: patients are made to feel trust, belonging and hope in their care; patients and families are included in decision-making

How do we deliver Quality in our services?
By putting ISO 9001 principles into practice: engaging our workforce, partnering with physicians, servant leadership, continual improvement, adhering to best practices and innovation.

How do we manage Quality?
Our management team sets ambitious targets, develops realistic plans with employee input and tracks performance with scorecards

What is a Quality Management System?
A way of defining how and organization can meet the requirements of its customers.

Quality Plan
St. Mary's Health System works to continuously improve the delivery of high-quality care with the participation of patients and families as well as members of the governing body, leadership, clinical staff and non-clinical staff. As such, the SJH Plan is an extension of the Mission, vision and values of Covenant Health.

What is our typical Improvement Model?
We typically use the Plan-Do-Check-Act (PDCA) improvement model. It is used for testing change by planning it, trying it, observing the results, and acting on what is learned.

Identifying and Reporting Abuse and Neglect

- Any healthcare worker who reasonably suspects abuse or neglect, child or adult, should report his/her suspicions
- Consult Risk Management who can assist with external notifications and reporting requirements.

- Provide necessary medical care

How to Access Interpreters

St. Mary's Outpatient & Ambulatory Departments:

When scheduling a patient in Epic, you will be prompted to enter the patient's primary language, if they need an ASL interpreter or a spoken language interpreter and/or if they need an auxiliary aid.

If you answer "yes" to an interpreter need, the Interpreter Services work queue will auto populate with your interpreter request.

The Interpreter Services staff will triage your request and assign the most appropriate interpreter modality (live in person, phone or video interpreter). Documentation of which modality that has been assigned can be found in the "appointment notes" section for staff to view when they check their daily patient census.

St. Mary's Health System Inpatient, Urgent Care & Emergency Departments: The same process as above except that the department requesting an interpreter will be notified via email as to which modality has been secured for the encounter.

*Urgent Requests less than 24 hours away: In addition to the information listed above: Contact the Switchboard 24/7, at 207-777-4191.

Immediate needs that can't be fulfilled by video or phone interpreting service, please contact 207-777-4191.

Over the Phone Interpreting (OPI) Service (200+ spoken languages)

1. Dial **1-800-481-3293** to access interpretation services.

2. When prompted, enter acct **# 501014954**

3. Upon the 2nd prompt, enter the St Mary's Health System dedicated 4-digit Pin 2447.

4. At the third prompt, say the name of the language you need

5. Select if you would like to add an additional person to the call

6. When the interpreter comes on the line, give the interpreter a brief explanation of the call.

Video Remote Interpreting (VRI) (spoken & sign language)

<u>Video Remote Interpreting (VRI)</u> (spoken & sign language)

1. Obtain the VRI Device from the Switchboard.

2. Instructions are attached to the VRI device.

3. Instructions are attached to the VRI device.

Restraint and Seclusion:

You are authorized by your scope of practice, and privileges granted by the medical staff, to order the use of restraint or seclusion. It is the responsibility of the physician / Licensed Independent Practitioner, who initiates the use of restraints and seclusion to be familiar with and comply with every aspect the hospital's policy and procedure. St Mary's Restraint policy is included with this material.

Your signature on the orientation checklist indicates that you have reviewed and understand the organization's policy regarding the care and management of patients placed in restraint or seclusion. Key policy requirements are as follows:

- Each patient's safety needs are individually evaluated, and the least restrictive type of restraint is utilized.
- Alternative measures are attempted and documented before resorting to restraints or seclusion.
- Restraints or seclusion must be discontinued at the earliest possible time regardless of the length of time specified in the order.